

EXHIBIT 7

**IN RE: NEW ENGLAND COMPOUNDING PHARMACY INC.
PRODUCTS LIABILITY LITIGATION**

PLAINTIFF PROFILE FORM

IMPORTANT - DO NOT FILE THIS DOCUMENT WITH THE COURT

Please provide the following information **TO THE BEST OF YOUR ABILITY** for each individual making a claim related to exposure to New England Compounding Pharmacy, Inc. d/b/a New England Compounding Center ("NECC") products. You will need to submit this Profile Form to the address below by _____ 2014 at 4:00 p.m. (prevailing Eastern Time) or within 60 days of filing your Complaint if you have not already filed it.

- "You" used in this Profile Form means the person who was exposed to NECC Products.
- "Product" means any medication or solution compounded by NECC.
- In filling out any section or sub-section of this Profile Form, please submit additional sheets as necessary to provide complete information.
- If, at a later date, you learn that any of your responses are incomplete or incorrect, please submit the correct information as soon as you become aware of it. In addition, supplemental information and documentation will likely be requested after you submit this initial Profile Form.

In completing this Profile Form, you are considered to have done so under oath. You must provide information that is true and correct to the best of your knowledge, information, and belief. If information is not known, remembered, or available, please indicate that in the appropriate location.

You may and should consult with your attorney when completing this Profile Form. If you are not represented by counsel or otherwise are unable to furnish any of the information requested, PLEASE PROVIDE AS MUCH OF THE INFORMATION AS YOU CAN.

*****Please Do Not Contact the Court With Any Questions or for Additional Information*****

I. CASE INFORMATION

1. Name of person who was injured or died (first, middle name or initial, last), including maiden or other names used:

Fredia Berry; Fredia Hooker; Fredia Matthews
- a. Were you (or the person identified above) administered the steroid methylprednisolone acetate from NECC?
x Yes ☐ No ☐ Do Not Know
- b. Were you (or the person identified above) administered another NECC Product?
☐ Yes x No ☐ Do Not Know
If yes, please identify the product: _____
2. If the person completing this Profile Form is doing so in a representative capacity (*e.g.*, on behalf of the estate of a deceased person or a minor) ("Representative"), please complete the following:
 - a. Name (including maiden name or any other names used) of person completing this form:

 - b. Relationship to person making claim (*e.g.*, spouse, child, guardian, *etc.*):

 - c. Address of the Representative:

 - d. Identify which individual or estate the Representative is representing, and in what capacity the Representative is representing the individual or estate (*e.g.*, guardian, administrator, executor, *etc.*).

 - e. If appointed as Representative by a court, please identify the court and date appointed:

 - f. If the Representative is representing a decedent's estate, please state the date of death, the address where the decedent died, and the cause of death and attach a copy of the death certificate and autopsy report if available:

3. Please check the injuries sustained as a result of exposure to the NECC Product(s):

- a. ☐ Death
- b. ☐ Fungal Meningitis
- c. ☒ Arachnoiditis (persistent nerve pain)
- d. ☐ Phlegmon (persistent nerve pain at base of spine)
- e. ☐ Osteomyelitis (infection in bone, including vertebral or diskitis)
- f. ☐ Sacroiliitis (pain at base of spine)
- g. ☐ Peripheral Joint Pain (at site of injection)
- h. ☐ Septic Arthritis
- i. ☒ Epidural Abscess
- j. ☐ Stroke or stroke like symptoms (Cerebral Vascular Accident)
- k. ☒ Lumbar Puncture (Spinal Tap), Subsequent Treatment
- l. ☐ Lumbar Puncture (Spinal Tap), No Subsequent Treatment
- m. ☐ Infection of any kind, describe if known:
- n. ☐ Injection only, no symptoms or treatment
- o. ☒ Other (describe): cysts, infection
(Attach additional sheets if necessary to describe.)

4. Did you or anyone on the injured person's behalf initiate any lawsuit or civil action based on the exposure to an NECC Product? ☐ Yes ☐ No

If Yes, please state:

- a. Case Caption: Berry v. Ameridose, LLC, et al
- b. Court and Docket Number: 1:13-cv-12838-RWZ
- c. For the Attorney Representing You:
 - Attorney Name: Benjamin A. Gastel
 - Firm Name: Branstetter, Stranch & Jennings, PLLC
 - Address: 227 Second Avenue North, 4th Floor
 - City, State, Zip Code: Nashville, TN 37209
 - Telephone Number: 615-254-8801
 - Email Address: beng@bsjfirm.com

*****The Rest of This Form Requests Information About The Person Exposed to the Product*****

33. If you are claiming that you suffered injury due to exposure to an NECC Product or may in the future, please state:

a. Has anyone diagnosed you with a condition caused by an NECC Product? x Yes ☐ No

b. If so, what is the name and address of the health care provider who diagnosed you?
Scott Standard, MD, 2011 Murphy Ave. Nashville,
TN 37203

c. What did they tell you or your representative? Diagnosed with Arachnoiditis;
Diagnosed with Cysts a result of tainted shot; tested for fungus but no evidence, want to
keep track, this is all new to them too - dealing with the tainted injections

d. Did you suffer from this injury at any point prior to the exposure to NECC Product?
☐ Yes x No

If so, please describe, including when and who diagnosed you in the past with this same injury or condition.

34. Has any health care provider told you, your agents, representatives or anyone acting on your behalf, orally or in writing, that any of the injuries, damages or conditions that you identified in response to Question 3 are due to exposure to an NECC Product? x Yes ☐

a. If so, who? Scott Standard, MD; Karen Bloch, MD; Peter Silkowski,
DO

b. What did they tell you or your representative? Standard - told to come 2x a month for
follow up monitoring from injections; Bloch- was told symptoms were related to
injections; Silkowski- was told symptoms were related to injections

35. Do you claim that your exposure to an NECC Product made a condition(s) that you already had or had in the past worse? x Yes ☐ No

If so, please explain how you allege the NECC Product made the injury or condition worse:
Neck pain and headaches much worse; cysts and infections causing complications with prior
conditions